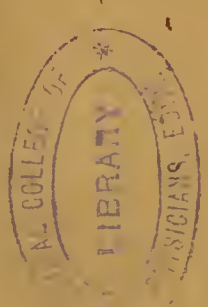
Dr. A. Miles
Brussels

With the Compliments of J. H. J.

A REPORT OF CASES

(SURGICAL AND MEDICAL)



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J. HARRIS JONES, L. R. C. P. Edin., L. F. P. S. Glasg.

WILKES-BARRE, PA.

Reprinted from "The Lancet," Nov. 5 and 12, 1887

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A Report of Cases, ~~Medical and Surgical~~ Surgical and Medical

EXTRA-UTERINE PREGNANCY.

I suppose it is scarcely necessary to offer any apology for bringing the following case before the profession. The subject of extra-uterine pregnancy has always been one of great interest, and seldom does an opportunity offer itself to a practitioner to watch and treat a case of this kind with such good results as the subsequent history will disclose.

On the night of October 21st, 1885, I was hurriedly called to see M. E——, a married lady, aged about twenty-seven. Upon inquiry, I gathered from her that she had been married a little over six years, but had never been pregnant. Her menses, since their first appearance when she was fourteen, had always been irregular and painful. About two weeks previously to being seen she became "unwell," and, contrary to her usual habit, the flow had persisted ever since. She had been attending to her household duties all along, and had lately been unusually busy at dressmaking, which necessitated her using the sewing machine (a pedal movement one) for several hours daily. She had been compelled to go to bed and send for me in consequence of having been taken with a violent pain low down in the right iliac region. The pain was paroxysmal in character, and made her feel very faint and sick at the stomach. I carefully examined the painful region, but could detect nothing abnormal there save that deep pressure increased the pain. On examination per vaginam, it was noticed that the os and cervix uteri were unusually soft and flexible, but there was neither tenderness nor fullness discoverable in any part. A semi-sanguineous fluid was seen issuing from the womb. A subcutaneous injection of a

quarter of a grain of morphia was administered, and turpentine stupes were ordered to be applied over the abdomen. Next morning I called again to see her, and found that she had slept many hours during the night. She was not, however, completely free from pain. Another injection of morphia (one-eighth of a grain) was given, and a mixture containing the oxalate of cerium was prescribed for the nausea. The thermometer in the axilla registered 97·5°. Under this treatment she rapidly improved, and in a few days was well enough to leave her bed, and I discontinued my visits. She was cautioned against taking undue exercise, and if the pain recurred she was requested to send for me immediately.

She remained in tolerably fair health until November 17th, when I was again summoned to see her. I found her suffering in a precisely similar manner as before. Her face presented a very blanched appearance, and it was quite evident that she was suffering either from shock, produced by the severity of the pain, or that an internal hemorrhage was occuring. No evidence of the existence of the latter could be satisfactorily diagnosed. She was treated as before, and advised to remain perfectly at rest in bed. Being of a very active temperament, I found it difficult to keep her quiet; but having explained the evil results that might arise from exercise, she reluctantly consented to remain in her bedroom. I visited her almost daily, and on each occasion carefully examined the painful "side," but nothing abnormal could be detected. The discharge from the vagina was diminishing, and by the first of December it had completely stopped. On the fourth of that month, upon percussing the iliac region a heavy dull sound was detected immediately above Poupart's ligament, and palpation revealed the presence of a growth there. Nothing, however, could be learnt from a vaginal examination. The fullness increased in area, and it was not many days before it had ascended a couple of inches above the point first noted. Indeed, after the second week of discovery the fullness became very apparent, and it was easy to recognize

that the enlargement was daily becoming more pronounced. Her general health remained good, and, with the exception of nausea and an occasional attack of vomiting, she had little to complain of. I was in much doubt at this period as to the nature of the enlargement, hesitating between an hæmatocele and an extra-uterine pregnancy. I applied the stethoscope to the swelling daily after my first discovery of the growth, but no sound of any kind could be heard over it. On January 15th, at my request, Dr. E. R. Mayer, of this city, saw the case with me, and after making an examination, and taking into consideration the condition of the cervix uteri and the existence of a swelling in the iliac fossa, accompanied by nausea and cessation of menstruation, he was inclined to believe that the case might be one of extra-uterine pregnancy, and advised that electricity be tried; and should the swelling eventually prove to be due to a hæmatocele or an inflammatory effusion, the treatment would in either case be appropriate, and perhaps beneficial. Eight days after this consultation I heard, for the first time, over the growth a distinct blowing murmur. It was not a sharp and an acute sound like that caused by the pulsation of a blood vessel underlying a tumor, but a deliberate and diffused murmur very much resembling the placental bruit, which I had no doubt it was. Dr. Mayer saw the case with me on January 27th. The blowing murmur was distinctly heard by him. Neither of us after this had any doubt as to the patient's condition. Treatment by electricity was commenced, one electrode being introduced into the vagina and the other placed over the tumor. The operation lasted about ten minutes. I pursued this treatment daily, and before and after every *sèance* made it a point to listen to the bruit with my stethoscope. I found that the sound was very much intensified after using the battery. After a fortnight's perseverance with this treatment, and finding no appreciable change in the growth, I was about despairing of its utility in extra-uterine pregnancy. The tumor, when electricity was first applied to it, had reached to within an inch of the umbilicus, and had

just crossed over beyond the median line. The placental souffle was much weaker on February 17th, and was not increased after using the battery. On the eighteenth no sound of any kind could be heard over the tumor. The battery was not employed after the 17th. After this I contented myself with simply watching developments, hoping that the amniotic fluid would be absorbed, and the fœtus converted into a lithopædion. In this I was disappointed. In the course of a few days the growth appeared to be getting larger and its contents softer. The patient's health rapidly failed, profuse sweating set in, she became feverish and chilly alternately, and had a temperature of about 101°. I was satisfied that the contents of the sac were undergoing maceration, and that the patient was becoming septicæmic. A consultation was held with Dr. Mayer and Dr. G. H. Guthrie, and it was decided that the patient's only chance of recovery lay in the operation of laparotomy and the removal of the offending material. A uterine sound was inserted for about two inches into the womb. Much difficulty was experienced in passing the instrument, owing to the body of the womb having been pushed to the opposite side by the tumor. There was no fullness to be felt in any portion of the vaginal roof. The operation was performed on March 11th, twenty-two days after the death of the fœtus. Drs. Mayer, Guthrie, Davis and Long very kindly assisted. Ether was used as an anæsthetic, and its administration was entrusted to Dr. Long.

Operation.—The abdomen was washed with a solution of carbolic acid, and I commenced the incision one inch below the umbilicus, and extended it downwards for about three inches and a half, directly in the median line. Considering the emaciated condition of the patient, there was a very thick layer of subcutaneous adipose tissue. After the recti muscles had been reached and separated, the tissues beneath were very much ecchymosed, and it was impossible to recognize any of the structures. The peritoneum, though not recognized as such, was greatly thickened. The sac

was clearly exposed to view. It was of a chocolate-brown color. An incision was made into its lower border and extended in an upward direction for about three inches. It was fully an inch in thickness at its base, but became quite thin towards the apex. Its cut edges were of a dark-brown color, and looked very much like leather. The hand was introduced, and the placenta, which was on the surface and floating in fetid pus, was readily recognized by its peculiar granular feel. Its edges having been reached, the hand was pushed beyond it, and the fœtus (a male, measuring about ten inches) extracted. The placenta, being already completely separated from its attachments, was taken away immediately after. No portion of intestine was seen, and there was scarcely any hemorrhage at any stage of the operation. It was feared that the adhesions to the inner surface of the abdominal parietes on the left side of the sac were not very secure, consequently the latter was secured by sutures to the corresponding wall of the abdominal incision. The sac was thoroughly cleansed with a weak solution of carbolic acid, and to prevent the enormous gaping of the wound, two stitches were inserted through the tissues of the abdominal wound and the sac. A glass drainage tube was introduced, and a thick layer of antiseptic cotton was placed over the wound and secured by a bandage.

The patient rapidly rallied from the operation. She vomited freely for several hours. A very spare allowance of iced champagne and milk was given for the first few days. The sac was syringed out night and morning. On the sixth day after the operation a fluid resembling bile was observed in the discharge from the wound, and on the following day white particles were seen mixed with it; these were evidently particles of curd. The bowels were moved spontaneously. It was now suspected that a communication existed between the intestines and the external wound. As the latter granulated from the bottom, a portion of intestine, presumably the jejunum, was lifted into view, and an opening was distinctly seen in it. The bowels

continued to act very indifferently for many months, sometimes only once in two or three weeks; occasionally they would act weekly or semi-weekly. The discharge from the opening in the intestine was very great on some days; it was generally of a semi-liquid character, but never fæcal in odor. With this exception, my patient was doing nicely and rapidly gaining in weight. The temperature never exceeded 100° F. after the operation. The sac was rather slow in granulating, and it was fully seven months before the granulation reached to the level of the surrounding skin. The discharge from the intestine diminished *pari passu* with the filling up of the sac. When the abdominal wound had completely healed and cicatrised, there remained for several months a small fistula, which occasionally discharged a little fluid, just enough to slightly moisten the dressing placed over it. At present the patient is quite well, and weighs more than she ever did. Menstruation is regular and painless, and the contents of the bowels have been passing entirely *per vias naturales* for many months.

Remarks.—If this case had been left alone to nature, is it likely that labor would advance to full term, and thus give the attending surgeon an opportunity to deliver a living child by an abdominal incision? This is a question that has repeatedly suggested itself to me. It is, of course, difficult, and even impossible, to speculate upon the final result of a non interfering or expectant plan of treatment.

The probabilities are that the sac, which was very thin at its apex, would have certainly given way as its contents enlarged, and, judging from its appearance when seen during the operation, the rupture would undoubtedly soon occur into the bowels, stomach or liver. Indeed, I think that the opening seen some days after the operation in the bowel was the result of a commencing erosion. When did conception occur? Was it tubal, ovarian or abdominal? I think in all probability it was tubal, but that at a very early period the ovum made its escape intact into the peritoneal cavity, and there appropriated for its own use additional investments from the neighboring tissues. Menstru-

ation had always been very painful to the patient, and much soreness was felt in the right iliac region during her periods. It is therefore probable that a catarrhal affection of the right Fallopian tube existed, and that a denudation of its epithelium had occurred, accompanied, perhaps, by a dilatation or sacculation of the canal; or a stricture of the canal might have existed. Either of these conditions would favor the arrest of the ovum in its downward course to the womb. How did electricity destroy fœtal life in this case? Believing that the bruit heard over the tumor was caused by the circulation of blood in the center of the placenta—i. e., in that portion where the umbilical cord is attached to it, and where the blood vessels congregate to form the main trunks,—and observing that the murmur was always intensified after using the battery, I am inclined to think that death resulted from rupture of the over-distended blood vessels of the placenta; in other words, that a form of placental apoplexy was induced by the current.

Patient alive + well - Bruit closed

PYO-NEPHROSIS; NEPHROTOMY.

CURE.

Mrs. W——, aged 44 years, was seen by me on the 11th of December last. Her health had been very indifferent for years. She complained of severe pain in the right lumbar region, which was generally accompanied by considerable uneasiness in the neck of the bladder. Micturition was frequent and painful, and for the last eighteen months she had been constantly passing "matter" with her urine. About ten years ago, after an unusual exertion she observed blood in the urine on one occasion. She dates her present illness from that period. A year ago last September she felt a "lump" in her side, which slowly increased in size, and gradually approached towards the middle line of the

abdomen. Early last summer she voided a very large large amount of pus per urethram, and she thinks that some also escaped from the bowels. This had the effect of considerably diminishing the size of the tumor. Soon after, however, it grew to its former dimensions, and had remained at about its present size for the last six months. She had been under the care of several physicians, and had taken a great deal of medicine. Her disease had been variously diagnosed and treated. When I saw her she had been confined to her bed for about three months. Her complexion was very sallow, and she was greatly emaciated. Upon examination I discovered a tumor stretching diagonally across the abdomen, commencing on the right side from beneath the floating ribs, and extending to a point two inches below the umbilicus and a little beyond the linea alba. It was deep-seated. When pressed upon, it gave an indistinct sensation of elasticity, but no fluctuation could be detected in it. There was no fullness in the right loin. The ascending colon was recognized by its resonance lying in front of the growth, but instead of following its usual upward course it had been pushed forward by the tumor to within a few inches of the middle line of the abdomen. The urine contained a large amount of pus, and was consequently albuminous. Under the microscope the slide was seen studded with pus corpuscles. The patient and her friends, having been told by previous medical attendants that surgical interference would be of no avail in this case, were much opposed to an operation, but after much persuasion on my part they reluctantly consented to an aspiration, and if the sac refilled they would permit me to cut down upon the abscess. On December 27th, with the assistance of Dr. G. W. Guthrie (who a few days previously had seen the case with me), I inserted a needle at a point a little in front of the anterior extremity of the last rib, and aspirated about six ounces of very thick and foul smelling pus. The operation gave some relief, and for a few days afterwards the urine was freer of pus and had increased in quantity. It was but a short time, however,

before the sac refilled and all the old symptoms returned. On January 4th it was noted that she was rapidly sinking, and that life could exist but a few days longer. Consent was given to perform nephrotomy the following morning. On the fifth the patient appeared to be weaker, and it was feared she might die under the operation. Having secured the assistance of Drs. Guthrie and Long, we decided to operate in spite of all odds.

Operation.—The patient took the ether very badly, and it was with much difficulty that the heart was kept beating until the operation was completed. She was turned on her side, and the incision was made a little further from the spine than is generally recommended. It was deemed perfectly safe to do so, as the colon and peritoneum had been lifted several inches forward by the tumor, and I felt that by making it here I should likely strike the edge of the kidney and enter the sac at once. The different layers of muscles were divided upon a director to the extent of two and a half inches. A layer of adipose tissue bulged into the spinal end of the wound, and, after clearing it away, the edge of the kidney and sac was reached. A probe was inserted into it, and pus escaped. The opening was enlarged to the extent of the superficial wound, and the finger introduced. About ten ounces of pus were liberated. The parts were thoroughly searched with finger and probe, but no stone could be discovered. When my finger was in the pelvis of the kidney (which was now converted into a large sac) the opening of the ureter was distinctly felt. It was patent, but the tissues surrounding it were very much indurated and thickened. The cavity was washed out with a solution of perchloride of mercury (1 in 2000), and a large drainage tube inserted.

The patient for several hours after the operation wavered between life and death, but with the aid of hypodermic injections of ammonia and whiskey, and hot bottles applied to the sides and feet, reaction was finally established. She improved very rapidly after this. Vomiting, which had been a constant annoyance before, ceased, and her appetite

soon became voracious. The urine voided a few hours after the operation was slightly bloody, but in a day or two it became "clearer than it had been for years." On the eleventh day it did not contain a trace of albumen or of pus. I have examined it on several occasions since, the last time about a month ago, but have never succeeded in discovering any abnormality in it. The wound was washed daily with an antiseptic solution. It was not, however, completely healed. A sinus remains, which has so far baffled every treatment. It gives very little annoyance, and the discharge from it is scanty and watery. Strangely, a polypus was seen growing into it, and I attempted its removal by torsion on two occasions, but each time it broke off and only a portion was removed. On the third attempt I succeeded in completely removing it. It measured about two inches and a half in length, and tapered at its base to a mere thread. This was accomplished about three months ago, and there has been no indication of its return. My patient, I am pleased to say, enjoys good health, and the only discomfort she experiences from the sinus is when the exuberant granulations at its mouth have to be touched with a caustic.

RECTAL TUMORS OF PECULIAR GROWTH.

REMOVAL; RECOVERY.

Mrs. H——, aged 63 years, had been complaining for the past two years of symptoms very closely resembling those of chronic dysentery. She felt as if the bowels constantly required to be moved, and when she went to stool she could pass nothing but a little blood and slime. The tenesmus and tormina accompanying the act were almost unbearable, and were rapidly exhausting the little strength she had. She did not remember how long it was since she

had a natural fæcal passage, but it must have been at least two years ago. She had undergone much treatment for "dysentery and ulceration of the bowels," but had received no benefit, and, instead of improving, she was rapidly growing worse. Her family physician (who had been taken ill and compelled to leave for change of air) had detected several small tumors in the abdomen. They were supposed to be glandular enlargements, and were treated with an iodine ointment. They rapidly disappeared; but one, which was larger than the rest, remained. When I saw her in March last, I could distinctly feel a tumor, apparently about the size of a small orange, situated in the left iliac region, and lying closely to, and on a level with, the anterior superior spinous process of the ilium. It was slightly movable. A few days after, when making an examination with the finger of one hand inserted in the rectum and a finger of the other hand in the vagina, I distinctly felt from the latter opening a round growth lying high up between the rectum and the vaginal wall, which when pressed upon in a backward direction could be faintly touched with the finger in the rectum. The tenesmus continuing had the effect of bringing the growth a little lower. As soon as the former subsided the tumor would recede beyond reach, and could be felt occupying the position previously stated in the abdomen. The constant pain began to tell upon the patient's strength, and I decided to remove the growth as soon as it would come down within reach.

Operation.—On April 23d, with the assistance of Drs. Mayer and Long, the patient was etherised, and although the tumor was lying high in the rectum, we resolved to remove it if possible. Having first thoroughly dilated the sphincter ani with my fingers, the hand was introduced into the rectum, and the growth grasped. Traction was tried, but owing to the friability of the tumor it was not persevered with. The pedicle was felt to be immensely broad and thick, but no pulsation could be detected in it. With the assistance of Dr. Mayer, a needle containing a double ligature of whipcord was with great difficulty inserted

through the pedicle, and one-half of it was encircled and tied. The other ligature having become displaced, and finding that the hemorrhage had been insignificant, we decided to leave the remaining portion untied. The growth was easily peeled off with the finger. After its removal it was found to consist of three separate tumors. The largest was about the size of a pullet's egg, the other two were much smaller. Sections of them were made and examined. Under a microscope they appeared to have the characteristics of a myxoma.

There has been no return of the growths. The tenesmus ceased immediately after the operation, and the patient's health rapidly improved. The bowels are now regular, and the fæces are naturally formed. The severe dilatation to which the sphincter was subjected did not impair it in any way.

Recurred in 6 mos. Dead.

PURPURA HŒMORRHAGICA SYPHILITICA OCCURING IN AN INFANT FOUR DAYS OLD.

DEATH.

On April 19th of the present year, Mrs. L—— was confined for the third time. Labor was short and easy; but the placenta not coming away, I was sent for to remove it. The child, a male, looked healthy and strong. Knowing that the father was syphilitic, and that the other children had died in infancy, the last one from syphilis, I requested the mother to send for me if she noticed anything wrong with the infant. On the fourth day I was sent for. The child had been bleeding slightly from the umbilicus. Having requested the nurse to divest it of all its clothing, I observed several large purple patches scattered over the chest, abdomen and armpits. They were unmistakably purpuric. There had been some bleeding

from the nose, and the nurse told me that she had observed a little blood on the napkin that morning. Small doses of mercury were prescribed for it. The child continued to grow worse. Fresh purpuric spots appeared, and the epistaxis and malæna increased in severity. The urine on a few occasions was bloody. The child died on the eleventh day.

Remarks.—I have reported this case for two reasons. Firstly, because of the extreme rarity of purpura in so young a child, and, secondly, on account of the doubt which exists in the minds of syphilographers as to the existence of a syphilitic form of this disease. I could assign no cause for purpura in this case, other than that of syphilis, and I think that I have sufficient evidence to justify the opinion that it was an expression of that dyscrasia.

Wilkes-Barre, Pennsylvania.